

Foster Family Home - Corrective Action Report

Provider ID: 1-190007

Home Name: Talaivosa Moala, CNA

Review ID: 1-190007-2

1929-A Wilder Avenue

Reviewer: David Ayling

Honolulu HI 96822

Begin Date: 12/4/2019

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification.
Corrective Action Report issued during home inspection with all items due to CTA by 1/4/20.
6.(d)(1) -

Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

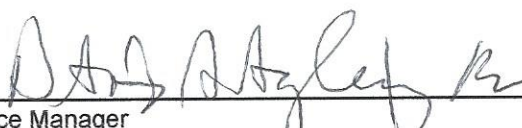
8.(a)(2) - APS/CAN expired on 5/2/19 for CG #2 and CG #3.

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7) - TB clearance expired on 4/17/19 for CG #3.


Compliance Manager


Primary Care Giver


Date

12/04/2019
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: **Talaivosa Moala**

CCFFH Address: **1929 -A Wilder Avenue, Honolulu, HI 96722**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.(a)(2) 41.(b)(7)	I received current APS/CAN from CG #2 and CG #3 and a current TB clearance from CG #3. I placed the forms in my CCFFH binder.	1/28/20	I made a list of the expiration dates for APS/CAN and TB for all CG's and placed it on the front of my CCFFH binder. I will review it every month.

Primary Caregiver's Signature: *Talaivosa Moala*

Print Name: **Talaivosa Moala**

Date of Signature: **1/30/2019**